

No. 300
10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12704

State File No. _____
Registrar's No. 1925

Registration District No. 149

Primary Registration District No. 1002

48
3
8

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Marys Hospital
(d) Length of stay: In hospital or institution 3 weeks + 4 days
In this community 28 years

3. (a) PRINT FULL NAME MRS. ABBIE HELEN LEE
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Parker H. Lee
6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased: APRIL 17 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 15
If less than one day hr. _____ min. _____

9. Birthplace GIRARD KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____
12. Name MARRIEN PURDUM
13. Birthplace UNKNOWN ILLINOIS
14. Maiden name ELLEN COX
15. Birthplace ILLINOIS

16. (a) Informant Fred Armentrout
(b) Address 2525 Tomahawk Rd Johnson Co Mo

17. (a) REMOVAL (b) Date thereof MAY 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OKLAHOMA CITY, OKLAHOMA
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd, RC 4, Mo
19. (a) 5-4-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 642 West 59th St Terrace
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

20. DATE OF DEATH, Month May day 2nd
year 1948 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from April 7
1948, to May 2 1948
that I last saw her alive on May 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure
Due to arteriosclerosis
Due to hypertension
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy W

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Sheldine Holmes (M. D. or other)
Address 618 Professional Bldg Date signed 5/5/48

Duration 3 weeks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

610
1100 P.M.

100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed James T. Deans

Licensed Embalmer No. 4453

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.